

STANDARD CERTIFICATE OF DEATH

State File No. **3819**

BIRTH NO. _____ REG. DIST. NO. **25** PRIMARY REG. DIST. NO. **4036** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7TH & CEDAR ST		d. STREET ADDRESS (If rural, give location) 7TH & CEDAR	

3. NAME OF DECEASED (Type or Print) a. (First) CORDIA b. (Middle) MARGARET c. (Last) HICKS		4. DATE OF DEATH (Month) (Day) (Year) FEB-12-1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY-13-1896
9. AGE (In years last birthday) 53		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) PAPINSVILLE, MISSOURI	

13a. FATHER'S NAME BASCOMB BURGESS	13b. MOTHER'S MAIDEN NAME MARTHA FITZGERALD	14. NAME OF HUSBAND OR WIFE JAMES HICKS - RICH HILL, MO.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JAMES HICKS - RICH HILL, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Heart DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 3 mo.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 30th** 1950, to **Feb 6th** 1950, that I last saw the deceased alive on **Jan 30th**, 1950, and that death occurred at **5 P m.**, from the causes and on the date stated above.

23a. SIGNATURE L. J. Lafferty, M.D.	23b. ADDRESS Butte, Mo	23c. DATE SIGNED 2-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB-21-1950	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	24d. LOCATION (City, town, or county) (State) RICH HILL - MISSOURI
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DATE REC'D BY LOCAL REG. Feb. 21, 1950	REGISTRAR'S SIGNATURE Mrs. Edna D. Douglas	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Home Rich Hill, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0070

FILED MAR-1 1950

RECEIVED

District Health Officer No. 7

District File Number 1-50-132

Date Filed 3-28-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Grace J. Hill

Licensed Embalmer No. 4743

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.